

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-670)

EXAM. NO. 1002125 FILING DATE
APPLICATION NO.

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		TOTAL	
NO.	FEES	NO.	FEES	NO.	FEES	NO.	FEES
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50							
TOTAL NO.	1	1	1	1	1		
TOTAL FEE	10	10	10	10	10		
TOTAL CLAIMS	1	1	1	1	1		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS